

City of Hartford



Hartford Police Department

Applicant/ Operator Name Residential Address City ST ZIP Code Home Telephone # Business Telephone # Name of Business Business Location: Type of Goods to be sold Age ** DOB **	Information	\$10.00 background check by	\$10.00 \$10.	
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Age ** DOB **				
DOB **				
Sex **				
SSN **				
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Arrest Record (other	r than motor vehi	cle offenses)		
Name	Charge	Disposition	Date	Place
THE INFORMATION SUBI FALSIFIED ANY ITEM IN further agree to abide by all if I or any of my employees grounds for immediate revo	THIS APPLICATION, I Federal and State laws are arrested for sale or	I WILL NOT BE ENTITL sprohibiting the sale and use of illegal drugs in my	ED TO THE LICENS use of illegal drugs any establishment that so	SE SOUGHT. Indude that such arrest is

Note: Plaza, Hartford, CT 06103) www.hartford.gov